



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF LANDSCAPE ARCHITECTURE**

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**REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION**

**INSTRUCTIONS**

**When to File**

Complete this form to request approval of courses, programs or self-directed activities to fulfill the continuing education (CE) requirements for maintaining a Landscape Architect license in Delaware.

The Delaware Board considers courses or programs offered or sponsored by certain organizations (such as LA CES<sup>TM</sup> - Landscape Architecture Continuing Education System<sup>TM</sup>) as acceptable as Delaware CE. The organizations are listed in Section 7.1.3 of the Board's [Rules and Regulations](#). **If the course/program meets this criteria, STOP. You do not need to submit this form.**

To ensure CE credit for a self-directed activity, you must obtain the Board's pre-approval before undertaking the activity. Submit this request at least 60 days before the activity start. The Board will determine the CE credit for self-directed activities after reviewing the completed final project. **For full details on self-directed activities, see Section 7.1.4 of the Board's [Rules and Regulations](#).**

**Documentation Required**

- ☐ Submit completed request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed Landscape Architect submits the request, no fee is required.**
- ☐ **If the request is for approval of a course or program, enclose**
  - complete, detailed course schedule showing the course objectives and typical timetable, including all scheduled breaks
  - credentials (such as a resume or *curriculum vitae* (CV)) for each presenter.
- ☐ **If the request is for a self-directed activity, submit a copy of the final product when it is complete.**

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one): ☐ Course Provider ☐ Delaware Licensee
2. Request is for (check one): ☐ Course or Program ☐ Self-Directed Activity
3. If you are a Delaware-licensed Landscape Architect, enter:  
Your Name: \_\_\_\_\_ Delaware License #: **S6** - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_
4. **If this request is for a course/program, enter the following information about the course/program. If this request is for a self-directed activity, skip to Question 5.**  
Course Provider Name: \_\_\_\_\_  
Contact/CE Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Type of Presentation: ☐ Online ☐ Live (seminar, classroom)

**REQUESTER COMPLETES THIS SECTION (continued)**

Date(s) Offered: \_\_\_\_\_

List all course presenters:

PRESENTER NAME	TITLE

**Enclose a *complete, detailed course schedule* showing the course objectives and typical timetable of the course, including all scheduled breaks. Also, enclose credentials (such as a resume or *curriculum vitae* (CV)) for each presenter.**

5. *If the request is for a self-directed activity*, answer the following questions about the activity. If the request is for a course/program, skip to Question 6.

Describe the scope of the self-directed activity for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Describe the product of the self-directed activity: \_\_\_\_\_

\_\_\_\_\_

Explain your role in this activity. Also, if there are collaborators, list them and explain their roles in this activity: \_\_\_\_\_

\_\_\_\_\_

Has any part of this activity been previously submitted or approved for credit? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Do you certify that the activity expands your existing knowledge of the field of Landscape Architecture and is not part of my regular work duties? Yes ☐ No ☐

**Submit a copy of the final product when it is complete.**

6. **Total CE Hours Requested:** \_\_\_\_\_

**BOARD OFFICE COMPLETES THIS SECTION**

Board Approval Date: \_\_\_\_\_

☐ **Approved for** \_\_\_\_\_ **hours of** ☐ **Online** ☐ **Live (seminar, classroom)** ☐ **Self-directed**

☐ **Tabled - Explain reason(s):** \_\_\_\_\_

☐ **Denied – Explain reason(s) below.**

☐ Not directly related to professional growth.

☐ Other: \_\_\_\_\_

Signed for the Board by: \_\_\_\_\_